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PTO/SB/21 (09-06)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/506,958	
	Filing Date	2nd May, 2005	
	First Named Inventor	BRAVEN, Helen	
	Art Unit	1634	
	Examiner Name	POHNERT, Steven C.	
Total Number of Pages in This Submission	5	Attorney Docket Number	37369-8

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Bell & Associates		
Signature			
Printed name	Matthew Kaser		
Date	18th October, 2006	Reg. No.	44,817

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Matthew Kaser	Date	18th October, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/506,958
Filing Date	2nd May, 2005
First Named Inventor	BRAVEN, Helen
Examiner Name	POHNERT, Steven C.
Art Unit	1634
Attorney Docket No.	37369-8

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3194 Deposit Account Name: Bell & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,817	Telephone (510) 537-2040
Name (Print/Type)	Matthew Kaser	Date 18th October, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		Attorney Docket No.	ATLAS 8095 US
		First Named Inventor	BRAVEN, Helen
		Application Number	10/506,958
		Filing Date	2 nd May 2005
		Group Art Unit	1634
		Authorized Officer	O'FARRELL, T.J.
I hereby appoint:			
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>000039843</u>			
OR			
<input type="checkbox"/> Practitioner(s) named below:			
Name		Registration Number	
ADAM W. BELL		43,490	
MATTHEW R. KASER		44,817	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and all related applications (including divisionals, continuations and CIPs) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner is eligible to practice.			
Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number			
OR			
<input type="checkbox"/> The address associated with Customer Number _____			
OR			
<input type="checkbox"/> Firm or Individual Name		BELL & ASSOCIATES	
Address		416 FUNSTON AVENUE, Suite 100	
Address			
City		SAN FRANCISCO	
Country	USA	State	CA
ZIP	94118		
Telephone	(415) 752-4085	Fax	(415) 276-6040
I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71.			
Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Name	Helen Braven		
Signature			
Date	8/8/06		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>two</u> forms are submitted.			

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		Attorney Docket No.	ATLAS 8095 US
		First Named Inventor	BRIVEN, Helen
		Application Number	10/506,958
		Filing Date	2 nd May 2005
		Group Art Unit	1634
		Authorized Officer	O'FARRELL, T.J.
I hereby appoint:			
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>000039843</u>			
OR			
<input type="checkbox"/> Practitioner(s) named below:			
Name		Registration Number	
ADAM W. BELL		43,490	
MATTHEW R. KASER		44,817	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and all related applications (including divisionals, continuations and CIPs) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner is eligible to practice.			
Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number			
OR			
<input type="checkbox"/> The address associated with Customer Number _____			
OR			
<input type="checkbox"/> Firm or Individual Name		BELL & ASSOCIATES	
Address		416 FUNSTON AVENUE, Suite 100	
Address			
City		SAN FRANCISCO	
Country	USA	State	CA
Telephone	(415) 752-4085	ZIP	94118
Fax	(415) 276-6040		
I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71.			
Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Name	Russell Keay		
Signature			
Date	7/7/06		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>two</u> forms are submitted.			

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